

# Board of Commissioners Grant Fact Sheet

Committee Name:

Date of Committee:

<b>1. Grant Name:</b>	The City of Memphis Division of Housing and Community Development- Lead Hazard Reduction Demonstration Grant- HUD
<b>2. Grantor:</b>	The City of Memphis, Division of Housing and Community Development- Lead Hazard Reduction Demonstration Grant/Housing and Urban Development (HUD)
<b>3. Submitted by:</b>	Leilani Spence/Betsy Shockley, Managers, Community Health Bureau/ Maternal Child Health Section
<b>4. Amount:</b>	\$ 397,128.00
<b>5. Funding Period:</b>	07/01/2016-6/30/2019
<b>6. Deadline:</b> (if applicable)	
<b>7. Target Population:</b>	The targeted populations that will receive services are: (1) Low/Moderate income families living in pre-1978 housing stock, in need of lead hazard reduction treatments. (2) Families with child/children that reside in the above referenced homes are of highest priority.
<b>8. Grant Funding:</b>	<input type="checkbox"/> New <input type="checkbox"/> Single Year <input checked="" type="checkbox"/> Continuation <input checked="" type="checkbox"/> Multi-Year Renewable

<b>9. What are the specific goals of the grant?</b> (The final grant proposal should include the goals and the measurable objectives.)	The specific goals of the grant include: (a)Lead Poisoning Prevention and Testing Activities, (b) Outreach and Education Activities and (c) Reduction of lead-based paint hazards in housing units.
<b>10. How will the project be evaluated to determine that the goals are being met?</b>	The project's evaluation activities will be monitored by the City of Memphis, Division of Housing and Community Development Section. The Shelby County Health Department's Childhood Lead Program has the responsibility to submit reports that will provide detailed information concerning grant activities.

# Board of Commissioners Grant Fact Sheet

Committee Name:

Date of Committee:

11. What bench marks will be utilized to determine that the goals are being met?	<p>The following bench marks will be utilized to determine that the goals and scope of services are being met:</p> <ol style="list-style-type: none"> <li>1. Number of Clearance Tests performed on units receiving lead hazard control activities.</li> <li>2. Number of participants (parents and guardians) that receive Lead Education via outreach educational events. ie: health fairs.</li> <li>3. Number of children that receive lead screening, case management, outreach and educational activities.</li> </ol>
12. Who will conduct the evaluation?	The City of Memphis, Housing and Community Development will assume responsibility for conducting evaluation activities.
13. What will happen to the program after it ends?	The Shelby County Health Department, along with The City of Memphis- Housing and Community Development will consult regarding sustainability activities and efforts.
14. List the partners (faith-based, business community, foundations, etc.) that will be sub-recipients of grants funds.	There will not be any sub-recipients of the grant funds.
15. If this is a continuation of previous grant funding and sub-recipients have been awarded funds in the past, list accomplishments/benchmarks met with past grant funds.	Not Applicable
16. What are the criteria for selecting partners? (if applicable)	Not Applicable
17. What type of reporting is required?	<input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annual <input checked="" type="checkbox"/> Other-Monthly Invoices with detailed cost reports

# Board of Commissioners Grant Fact Sheet

Committee Name:

Date of Committee:

18. Will Shelby County Government be the fiscal agent?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, who will serve as the fiscal agent?
19. What budget categories will be included? (Check all that apply)	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Personnel  <input type="checkbox"/> Equipment  <input checked="" type="checkbox"/> Supplies  <input type="checkbox"/> Resources  <input type="checkbox"/> Sub-grants  <input checked="" type="checkbox"/> Professional Development  <input checked="" type="checkbox"/> Others (list)            Laboratory Services            Licensure Fees         </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Fringe Benefits  <input type="checkbox"/> Books  <input type="checkbox"/> Indirect Costs  <input type="checkbox"/> Construction  <input checked="" type="checkbox"/> Travel         </div> </div>
20. What new personnel will be hired? (if applicable)	Not Applicable
21. If equipment purchases will exceed \$50,000 or 25% of the total grant funding, list the type of equipment specified in the grant application.	Not Applicable
22. How much money is allocated for evaluation?	Not Applicable
23. Does the grant require a match?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, designate the source of the match.
24. Who will provide accounting for the grant?	The Accounting Section of The Shelby County Health Department and The Shelby County Finance Department will provide all accounting related services.
25. Does the grant require the signature of the Mayor and/or County Commission Chairman?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

# Board of Commissioners Grant Fact Sheet

Committee Name:

Date of Committee:

---

## 26. INTERNAL VERIFICATION

To be verified by the Shelby County Board of Commissioners prior to grant acceptance.